

Return To: **Congressman C.W. Bill Young**9210 113th Street
Seminole, Florida 33772-2400
(727) 394-6950 Fax: (727) 394-6955

Constituent Request/Privacy Release Form

ime:	Phone #:	
Address:	Social Security #:	
	Other:	
	 Email:	
ear Congressman C. W. Bill Young,		
our assistance is requested regarding:		
Signature:	Date:	

please accept this as my authorization for Congressman Bill Young, or his representatives, acting on my behalf, to be

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given information relative to my request for assistance.

	
Signature:	Date:
The Privacy Act of 1974 (Public Law 93-579), liscussing anything regarding another individual	prohibits Federal government agencies from releasing information or l without that individual's written permission. By my signature above, ressman Bill Young, or his representatives, acting on my behalf, to be

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